

Enter the name of the county in which you are filing this case.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	
Enter the Plaintiff's name. The Plaintiff is the person bringing the lawsuit.	Plaintiff(s): <div style="border-bottom: 1px solid black; margin-bottom: 5px; display: flex; justify-content: space-between; padding: 0 5px;"> First name Middle name Last name </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; display: flex; justify-content: center; padding: 0 5px;"> Address </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; display: flex; justify-content: center; padding: 0 5px;"> Address </div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> City State Zip </div> <input type="checkbox"/> See attached for additional plaintiffs.	
Enter the Plaintiff's address.		
If there is more than one plaintiff, check the "additional plaintiffs" box and attach another sheet with their names and addresses.		
Enter the case number from the summons and complaint.	-VS-	
Enter your name. You are the Defendant.	Defendant(s): <div style="border-bottom: 1px solid black; margin-bottom: 5px; display: flex; justify-content: space-between; padding: 0 5px;"> First name Middle name Last name </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; display: flex; justify-content: center; padding: 0 5px;"> Address </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; display: flex; justify-content: center; padding: 0 5px;"> Address </div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> City State Zip </div> <input type="checkbox"/> See attached for additional defendants.	
Enter your address. If there is more than one defendant, check the "additional defendants" box and attach another sheet with their names and addresses.		

**Answer and
Counterclaim
Small Claims**

Case No. _____

Check 1 or 2. Check 1 if you do not dispute the plaintiff's claim. Check 2 if you do dispute the plaintiff's claim. State the reasons why you disagree. Check the box if you need more room and attach any additional pages.	<p style="text-align: center;">ANSWER</p> <p>I am the defendant (or an authorized representative of the defendant):</p> <p>1. <input type="checkbox"/> This matter IS NOT contested. I agree with the plaintiff's claim. Judgment may be taken as requested in the complaint, plus costs and interest as allowed by law.</p> <p style="text-align: center;">-OR-</p> <p>2. <input type="checkbox"/> This matter IS contested. I do not agree with the plaintiff's claim. This matter should be scheduled so that the parties may present their evidence. The reason(s) why the matter is contested are as follows:</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>
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☐ **See attached** for additional information.

Check the box if there is no counterclaim and go to the signature section.

Complete this section only if you are making a counterclaim against the plaintiff(s).

Briefly explain why the court should award you what you are asking for.

If your counterclaim is for more than \$10,000, or if your tort or personal injury claim is for more than \$5,000, the case may not continue in small claims court. You must pay a filing fee to the Clerk of Court, and you must send the Notice of Counterclaim (SC-5250V) to the plaintiff(s) on the same day the counterclaim is filed.

NOTE: Eviction actions are heard in small claims court, regardless of the amount of the counterclaim.

If you need more room,
check the box and attach
any additional pages to
this Counterclaim.

Follow local rules for filing and serving.

Do not complete counterclaim section below unless you have a claim of your own against the plaintiff(s).

☐ I/We do not have a claim against the plaintiff(s).

Defendant's Demand:

I/We have a claim against the plaintiff(s) and demand judgment against the plaintiff(s) for \$ _____, plus interest, costs, attorney fees, if any, and such other relief as the court deems proper.

Brief statement of dates and facts:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.☐ **See attached** for additional information.

Defendant(s) certify that a copy of this answer and counterclaim has been or will be mailed to the plaintiff(s) or plaintiff's attorney, if any.

Signatures

Sign and print your name. Enter the date on which you signed your name. Note: This signature does not need to be notarized.	Signature of Defendant/Attorney		Date
If an attorney is completing this form, enter your information.	Attorney Name, Law Firm, Address	Telephone Number	Attorney's State Bar Number

COPIES: For each person you are serving, make one copy (for an answer) or two copies (if a counterclaim is being made) of this signed original and any attachments and bring them to the clerk of court. The clerk will authenticate the copy/copies for service on the plaintiff(s).